	ada Health Care Associ		บดไปรบ		State of Nevada	
Name (p	rint) Office	(if applicable)		D	istrict (if applicable)	
	O W. Oakey Blvd. #99B, ddress include city and zip gode) Cutive director @nvhca.o		gas, NV	89102-159	9	
·Mail Ad		rg			14-2273	
elect A	ppropriate Box(es) CANDIDATE X PAC	□BAG □PC	DL PRTY INC	EXP NONPROF	T CORP	
	□AMENDED 🙀 ANUNA	IL FILING PE	TITIONERS WHO REXPEND FUNDS	NITIATE/CIRCULATE P IN EXCESS OF 10K	ETITION & RECEIVE	
X	Annual Filing - Due January 15, 2006 Period ¹ January 1, 2005 - December 31, 2005					
	Report #1 Due August 8, 2006* Period. Jan. 1, 2006 Aug 3, 2006				_E √x /	
	Report #2 Due — October 31, 2006* Period: Aug 4, 2006 — Oct 26, 2006			JAN 1	0 2006 Y	
	Report #3 Due — January 15, 2007*/** Period: Oct 27, 2006 — Dec 31, 2006				- WELLER	
J	Annual Filling – Due January 15, 2007 Period. January 1, 2006 – December 31, 2008				SECREPARY: OF: STATE	
• T	hese Reports are filed by incumbents/cand hird Report suffices for 2007 Annual Filing	idates runninç If candidate a	g for office in ti Iso filed Repor	ne 2006 election cy 1 Nos. 1 and 2		
	CONTRIBUTIONS SUMMARY			This Period	Cumpletive From Beginning:of Report Feriod #1 through End of This Reporting: Period	
1.	Total Monetary Contributions Received in Excess of \$10 (See page 1 of Instruction sheet)	00		5 <u>0\$5\$6.00</u>	\$50,585.0	
2.	Total Monetary Contributions Received of \$100 or Less (See page 2 of Instruction sheet)			75.00	75.0	
3.	Total Monetary Contributions in the form of loans guard party (See page 2 of instruction sheet)	anteed by a third		~0-	-0-	
4	Total Monatary Contributions in the form of loans that w (See page 2 of Instruction sheet)	rere forgiven		-0-	-0-	
		Thie Period	Cumulative From Baginning of Report Period #1 Through End of This Reporting Period			
5	Total Amount of Monetary Contributions Received					
6.	(Add Lines 1 through 4) (See page 2 of instruction sheet) Total Amount of Written Commitments for Contributions (When commitment is funded, report as			\$50,585.	\$50,585	
7.	continuizin (montary or in kind)) (See page 2 of instruction share) Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)		-0-	_		
	(000)		IMARY			
8	Total Monetery Expenses Paid in Excess of \$100					
9	(See page 2 of Instruction sheet) Total Manetary Expenses Paid of \$100 or Less					
10	(See page 2 of Instruction sheet) . Total Amount of All Monetary Expenses Paid					
11	(Add Lines 8 and 9) (See page 2 of instruction she Total Value of in Kind Expenses in Excess	_	_			
(0	of \$100 (See page 3 of instruction sheet) Disposition of Unspent Contributions nly reported on Report #3 , Annual Report or 15th		-0-	_		
Inc	y of the second month after candidates defeat or sumbent does not run for reelection) se page 3 of Instruction sheet)			_		
1 De	oclare Wholer Penalty of Perluty) That the For	AFFIRMATIC regoing is True				
	Market errt			01-10-200	06	
ature			<u> </u>	Date		
01.dac	Revised: Sep	»05	P	AGE1OF	2	

CAMPAIGN CONTRIBUTIONS

		j		
Report Period	#	Ant	ua	1

Newada Health Care Association Quality First P.A.C.
Name (print) District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	Name and address of 3 ^{TO} Party IF Loan Guaranteed By 3 ^{TO} Party	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
NVHealth Care Assn. Golf	09-18-05	\$585.00			
RFMS, Inc. 表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表表	10-25-05 St	\$10,000.			
THI, Inc. Sparks, MD	12-12-05	\$40,000.			
TLC Care Cente: 1500 Wearm Sp Rd., Henderson	12-20-200 ings	5 5,000.			
	_				
		-			

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